

## Gift to Agency Report

## A Public Document

GIFT TO AGENCY REPORT

## 1. Agency Name

Date Stamp

**California 801**  
Form  
For Official Use Only

CaliforniaVolunteers

Division, Department, or Region (if applicable)

Street Address

1110 K Street

Area Code/Phone Number

(916) 445-0873

E-mail

Agency Contact (name and title)

Dan Maguire, Deputy Legal Affairs Secretary

☐ Amendment (explain in comment section)Date of Original Filing: \_\_\_\_\_  
(month, day, year)

## 2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

Volunteer Center Orange County

Name

1901 E 4th Street, Suite 100

Santa Ana

CA

92705

Address

City

State

Zip Code

volunteer center

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

## 3. Payment Information

Date and Amount of Payment (other than travel)

3/1/09 - 4/28/09

\$ 20,000

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel \_\_\_\_\_

_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Volunteer Center Orange County provided food, logistical management, and event space in support of a CaliforniaVolunteers' program that was designed to help nonprofit organizations better weather the current economic downturn.

Identify the officials for whom the payment was used:

N/A	_____	_____	_____	_____
Last Name	First Name	Title	Department/Division	
_____	_____	_____	_____	_____
Last Name	First Name	Title	Department/Division	

## 4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.



Signature of Agency Head or Designee

Susan Kennedy

Print Name

Chief of Staff

Title

5/14/09

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)